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4 RCE
3739

U.S. PATENT & TRADEMARK OFFICE
JUN 07 2004

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/904,156
Filing Date	July 31, 2001
First Named Inventor	Dany Berube
Group Art Unit	3739
Examiner Name	Michael Peffley
Attorney Docket Number	23488-09155 (formerly P015.01)

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-entitled application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114

a. Previously submitted

- Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____ (Any unentered amendment(s) referred to above will be entered).
- Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- Other _____

b. Enclosed

- Amendment/Reply
- Affidavit(s)/Declaration(s)
- Information Disclosure Statement (IDS)
- Other _____

2. Miscellaneous

a. Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)

b. Return Postcard

c. Other _____

3. Fees

The RCE fee under 37 C.F.R. § 1.114 is required by 37 C.F.R. § 1.114 when the RCE is filed.

a. The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 19-2555

Fee Transmittal Enclosed (in duplicate)

Check in the amount of \$ 1,720.00 enclosed

RECEIVED
JUN 09 2004
TECHNOLOGY CENTER R3700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355
Signature		Date	

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, or if the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on:

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355
Signature	<i>A.C. Smith</i>	Date	6/4/04
Express Mail No.			

06/08/2004 DEMMANU1 00000059 09904156

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770.00 DP



FEET TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 1,720

Complete if Known	
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **19-2555**

Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)	.00		

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	11	-20** = 0	x 18 = 00
Independent Claims	2	-3** = 0	x 86 = 00
Multiple Dependent			= 00

Large Entity		Small Entity		Fee Description
Fee	Fee	Fee	Fee	Fee Description
Code	(\$)	Code	(\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)	.00	

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355	Telephone (650) 335-7296
Signature	<i>A. C. Smith</i>	Date		6/4/04